

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. 10849052	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							
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TOTAL IND.	3						
TOTAL DEP.	17	→	→	→			
TOTAL CLAIMS	20	██████████	██████████	██████████	██████████	██████████	██████████
TOTAL IND.					→	→	→
TOTAL DEP.					→	→	→
TOTAL CLAIMS					██████████	██████████	██████████